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PTO/SB/01 (12-97)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	<b>34303/39</b>
	<b>First Named Inventor</b>	<b>Kauschke, et al.</b>
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	<b>09/817,013</b>
	<b>Filing Date</b>	<b>March 23, 2001</b>
	<b>Group Art Unit</b>	<b>Unknown</b>
	<b>Examiner Name</b>	<b>Unknown</b>

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CONDRAPABLE HYDROPHOBIC NONWOVEN WEB AND METHOD OF MAKING SAME**

☐ the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) **03/23/01** as United States Application Number or PCT International

Application Number **09/817,013** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<b>U.S. Parent Application or PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Morton Amster	16,677	Joel E. Lutzker	29,406
Michael J. Berger	25,829	Ira E. Siffin	33,785
Daniel S. Ebenstein	24,932	Leonard S. Surgi	33,211
Kenneth B. George	30,259	Neil M. Zipkin	27,476
Philip H. Gottfried	25,871	Neal L. Rosenberg	21,088
Abraham Kasdan	32,997		
Anthony E. LaCruz	29,403		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

<b>Name</b>	Neal L. Rosenberg, Esq.		
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<b>Country</b>	US	<b>Telephone</b>	212-697-5995
		<b>Fax</b>	212-286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Kauschke	
<b>Inventor's Signature</b>	<i>Michael Kauschke</i>		<b>Date</b> 5-31-01
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<b>State</b>		<b>Country</b>	Germany

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB-02A (3-97)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mordechai MORDECHAI		Tusi	
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City	Princeton Junction	State	NJ
		ZIP	08550
		Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Horst		Ring	
Inventor's Signature			Date
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		Country	Germany
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Post Office Address			
City	Boeblingen	State	
		ZIP	71034
		Country	Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Sabine		Borst	
Inventor's Signature			Date
Residence: City	Waldenbuch	State	
		Country	Germany
Post Office Address	Im Gaiern 18/1		
Post Office Address			
City	Waldenbuch	State	
		ZIP	71111
		Country	Germany

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Kenneth P. George	38,259	Neil M. Zipkin	27,476		
Philip H. Gutthred	25,871	Neil L. Rosenberg	21,988		
Abraham Kasdan	32,997				
Anthony F. Le Ciccare	29,401				

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name	Neal L. Rosenberg, Esq.				
Address	AMSTER, ROTHSTEIN & EBENSTEIN				
Address	90 Park Avenue				
City	New York	State	NY	ZIP	10016
Country	US	Telephone	212-697-5995	Fax	212-286-0854

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Michael		Kauschke			
Inventor's Signature				Date	
Residence: City	Rimsting	State		Country	Germany
Post Office Address	Kaps 1, D-83253 Rimsting				
Post Office Address					
City	Rimsting	State		ZIP	D-83253
Country	Germany				

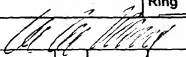
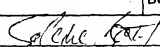
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Modechai		Turi	
Inventor's Signature			Date
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		Country	US
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Post Office Address			
City	Princeton Junction	State	NJ
		ZIP	08550
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Horst		Ring	
Inventor's Signature			Date
Residence: City	Boeblingen	State	
		Country	Germany
Post Office Address	Oberkircher Str. 19		
Post Office Address			
City	Boeblingen	State	
		ZIP	71034
		Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Sabine		Borst	
Inventor's Signature			Date
Residence: City	Waldenbuch	State	
		Country	Germany
Post Office Address	Im Gaiern 18/1		
Post Office Address			
City	Waldenbuch	State	
		ZIP	71111
		Country	Germany

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